

Electronic Assessment Cancellation Form
(Please print clearly)

ASSOCIATION NAME: _____

ASSOCIATION ACCOUNT NUMBER: _____

OWNER NAME(S): _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE NUMBER: _____

EMAIL ADDRESS: _____

This form is to notify Tidewater Property Management, Inc that I, _____, wish to have my electronic assessment cancelled effective immediately. I understand that if, in the future, I wish to restart the preauthorized electronic payment, I must submit another application along with the required documentation and information as stated on the form.

SIGNATURE (REQUIRED): _____ DATE: _____

Please note:
Please initial next to this statement as verification that you have read this disclosure in full.

_____ ***Authorization must be received in the office no later than the 1st day of the current month for the cancellation to take effect that month. If you have any questions regarding this cancellation form, please contact the Accounting Department at 443-548-0191.***

Please mail this completed form to:

info@tidewaterproperty.com
or
Tidewater Property Management, Inc.
3600 Crondall Lane, Suite 100
Owings Mills, MD 21117